ClinicalTrials.gov
Protocol Registration System
User's Guide for
NIMH Investigators

Revised March 2006

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National Institute of Mental Health (NIMH) *ClinicalTrials.gov* Protocol Registration System (PRS) User's Guide for NIMH Investigators

Overview

What is *ClinicalTrials.gov*?

ClinicalTrials.gov provides patients, family members, health care professionals, and members of the public easy access to information on clinical trials for a wide range of diseases and conditions. The U.S. National Library of Medicine (NLM) has developed this website in collaboration with the National Institutes of Health (NIH) and the Food and Drug Administration (FDA). For more information, please see **http://www.clinicaltrials.gov/info/about**.

NIH and NIMH are firmly committed to their mission of improving the lives and health of the public. NIMH encourages the registration of all of its sponsored clinical trials in *ClinicalTrials.gov* and has developed this User's Guide manual to assist investigators and facilitate this process. Additionally, the International Committee of Medical Journal Editors (ICMJE), whose member journals include *Annals of Internal Medicine*, *Journal of the American Medical Association*, *Lancet*, and the *New England Journal of Medicine*, require registration of clinical trials in a public registry as a condition for publication. For more information, please see **http://www.icmje.org/clin_trialup.htm**.

What is a "clinical trial"?

ClinicalTrials.gov uses a very broad definition of a clinical trial:

> "A clinical trial (also clinical research) is a research study in human volunteers to answer specific health questions. Interventional trials determine whether experimental treatments or new ways of using known therapies are safe and effective under controlled environments. Observational trials address health issues in large groups of people or populations in natural settings."

The ICMJE also has a definition:

> "A clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Medical interventions include any intervention used to modify a health outcome. This definition includes drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like."
> For more information, please see **http://www.icmje.org/clin_trialup.htm**.

Is it necessary to seek IRB approval for information listed in *ClinicalTrials.gov* records?

In order for a clinical trial to be eligible for inclusion in the *ClinicalTrials.gov* system, it must have Institutional Review Board (IRB) approval. However, the actual *ClinicalTrials.gov* record, which is a summary of the trial protocol, does not require IRB approval.

Please refer to section L of the **FDA's "Guidance for Industry Program on Clinical Trials for Serious or Life-Threatening Diseases and Conditions**," which states:

> ***"Is Institutional Review Board preapproval of the protocol listing required?***
> *No. Section 113 of the Modernization Act does not require prior IRB approval when submitting this information to the Clinical Trials Data Bank. Current FDA guidance recommends that IRB review of listings need not occur when, as here, the system format limits the information provided to basic information, such as title, purpose of the study, protocol summary, basic eligibility criteria, study site locations, and how to contact the site for further information."* ***http://www.fda.gov/cder/guidance/4856fnl.htm***

As soon as your trial is registered in the *ClinicalTrials.gov* system, it will become a permanent record. Once the trial is "no longer recruiting" or "completed," it will be listed as an "inactive" trial, but will still be viewable on the website. Contact information, however, will no longer be displayed. It is very important to keep your record updated with regard to the trial's status.

NIMH is also very interested in capturing the outcome of the study. Once the results of the trial have been published in a journal, you can update your record to include your publication's citation. If the journal is indexed in PubMed, an automatic link to your publication will appear on your study's *ClinicalTrials.gov* page after you have added the citation to your study record. If the journal in which your results are published is not indexed in PubMed, you may still add the citation, but it will not produce a link to your publication.

Lastly, you may include a link to a website that provides more information about your study. The website, however, should not be a commercial site or a general home page for an organization. Rather, it should be a study website or area that is specifically geared toward your study.

Protocol Registration System

The *ClinicalTrials.gov* Protocol Registration System (PRS) is a web-based tool developed for managing clinical trials information submissions. Records submitted through the PRS (**http://register.clinicaltrials.gov**) will be made public, after review and approval, in the NLM's *ClinicalTrials.gov* database (**http://clinicaltrials.gov**).

PRS users enter their own information about their clinical trials. Users should ensure that the information is correct, easily understood by members of the public, and updated in a timely manner. The *ClinicalTrials.gov* team maintains the PRS and the *ClinicalTrials.gov* websites and may make minor modifications to trial records.

Administrative Procedures

The following information is for NIMH investigators and study personnel who want to submit information about their trials to be listed in the *ClinicalTrials.gov* database. Details are included about whom to contact, the process of getting started, and how to list a trial in the database.

User Definitions

PRS Administrators

- NIMH *ClinicalTrials.gov* Records Coordinator: responsible for working with Principal Investigators to create, manage, and maintain *ClinicalTrials.gov* records (Heather Jordan: **update@clinicaltrials.gov**)
- NIMH *ClinicalTrials.gov* Administrator: responsible for reviewing, approving, and releasing records for publication on *ClinicalTrials.gov* (Jean Baum: **jbaum@mail.nih.gov**)

Types of PRS Users

- Owner: responsible for creating and updating the record as necessary (the Principal Investigator [PI] or designated primary updater of the record)
- Updater: the person who last updated the record (usually the owner, the Records Coordinator, or the Administrator)

PRS Responsibilities

PRS users provide and maintain information about their clinical trials by entering information into PRS and ensuring that the information is correct, easy to understand, and updated in a timely manner. Through PRS, a user may:

- Enter information regarding clinical trials
- Modify a record
- View a record
- Change a password
- Preview a record as a *ClinicalTrials.gov* page
- Complete and submit the trial data for approval

When to register a study

Once a study has been funded by NIMH and has received IRB approval, it is eligible for inclusion in *ClinicalTrials.gov*. The NIMH Records Coordinator will help facilitate the registration of the clinical trial in *ClinicalTrials.gov*. The PI will be contacted by the Records Coordinator via email. The email will contain information about content requirements, instructions about how to register, and a User Name and Password to be used to log into the PRS. *See* ***Appendix 1*** for a sample email letter.

The Registration Process

For a comprehensive view of the process, please *see* ***Appendix 2***.

Step 1: After the PI or another study official registers with PRS, he/she may open his/her record and, following the PRS Data Element Definitions, provide data for the following mandatory fields:

Brief Title	Primary and Secondary Outcomes
IND Protocol (if applicable)	Key Dates
IND Grantor (if applicable)	Study Design
IND Number (if applicable)	Intervention Type
Brief Summary	Intervention Name
Detailed Description	Condition(s)
Study Phase	Eligibility Criteria
Study Type	Gender
Overall Study Status	Age Limits
Accepts Healthy Volunteers?	Contact Information

Step 2: Once the clinical trial record fields are completed and the updater clicks [Complete] at the top of the screen, the PRS system automatically notifies the NIMH Records Coordinator, who will review the record. If the record is complete and compliant with NIMH guidelines, the record will be sent to the NIMH *ClinicalTrials.gov* Administrator.

Depending on the volume and completeness of the records, the review process usually takes between 2 and 3 weeks. When the review is complete, the NIMH Administrator approves and releases the record to be made visible to the public on the *ClinicalTrials.gov* website.

Step 3: The NLM publishes the record on the *ClinicalTrials.gov* website within 2 to 5 days of release.

Step 4: The owner of the record may make changes to it at any time by logging into the PRS using the login information provided prior to registration. The NIMH Records Coordinator will conduct semi-annual verifications of all trial records. Central Contacts will be contacted via email and asked to go into the *ClinicalTrials.gov* PRS system to verify the accuracy of their record and update any changes. Once a study has been completed, the NIMH Records Coordinator will request that the Central Contact add citations to published results as they become available.

Special Cases

Multi-site Studies

For trials being conducted at multiple study sites under different PIs, only one record should be created in *ClinicalTrials.gov*. In order to avoid the duplication of records, NIMH will designate a Central Contact person (a PI or another study official) to take primary responsibility for entering information from all of the study sites. All PIs involved in a multi-site trial will be given the contact information for their Central Contact person. PIs will be responsible for sending the central contact any updates related to their respective sites.

Continuation Awards

For studies that are recipients of awards covering multiple years of work, a record may already have been created for a previous year. Please check in *ClinicalTrials.gov* to ensure that there are no duplicates before you create another record. You can search by entering the title of the study, your grant number, a study official's name, or any other information that is unique to your study in the search field on the *ClinicalTrials.gov* home page.

Getting Started in the PRS

Logging In and Out of PRS:

1. Go to **https://register.clinicaltrials.gov** to enter PRS.
2. Complete the three login fields with the following information:
   - Organization: NIMH
   - User name: User login name
   - Password: User password (case-sensitive)*
3. Click [Login] to navigate to the **Main Menu** of PRS.
4. To log out of PRS, select [Logout] from the **Main Menu** screen.

* *For security reasons, users are asked to please change their passwords after logging in the first time. After that, you may use the same User Name and Password to login to the system and register each one of your NIMH-sponsored studies.*

Creating a Record:

1. Click [Create] from the **Main Menu** screen.
2. Enter the "Unique Protocol ID" and "Brief Title" for your record on the **Create New Protocol Record** screen.
3. Click [Continue] to save data and proceed to the next screen. Repeat data entry and [Continue] for successive screens.
4. After clicking [Continue] on the final data entry screen, click [OK] on the **Study Completed** screen.

Tips:

- The data entry screens contain text boxes, pull-down menus, and other tools to facilitate data entry.
- Data screens are clustered by topic for each clinical trial. These include: Title, Sponsor, Summary, Status, Design, Interventions, Conditions, Eligibility, Locations, Citations, and Links.
- Field definitions and examples can be viewed by clicking on the links associated with each field name.
- A record may be completed during a single session or over multiple sessions. Users do not need to save the information entered. Each time a user enters information and clicks [OK], the information is automatically saved.

Modifying Records:

1. Click [Modify] in the **Main Menu**.
2. On the **Select Protocol Record-Edit** screen, use the drop-down list under **Search** to choose the appropriate search information. If you want to search all records, check each option under **Records to include in the list** and click [OK] at the bottom of the screen.
3. Locate the data fields to be modified on the **Edit Protocol Screen**, click on the corresponding [Edit] for that field, and make necessary changes.
4. Click [Continue] to save data and proceed to the next screen. Repeat data entry and [Continue] for successive screens.
5. After clicking [Continue] on the final data entry screen, entitled **Links**, click [OK] on the **Study Completed** screen.

Viewing Records (Please note: this option is read only. Choose [Edit] from the Main Menu to modify record information.):

1. Click [View] in the **Main Menu**.
2. On the **Select Protocol Record-View** screen, use the drop-down list under **Search** to choose the appropriate search information. If you want to search all records, check each option under **Records to include in the list** and click [OK] at the bottom of the screen.
3. To view a record, click [View] next to the record to be displayed.

Previewing Records as they will appear on *ClinicalTrials.gov:*

1. Click [Modify] in the **Main Menu**.
2. Click [Edit] next to the record to be previewed.
3. Click [Preview] to see how the record will be displayed on *ClinicalTrials.gov*.
4. Click [Continue] to return to the **Edit Protocol Record** screen.

Changing Your Password:

1. Click [Change password] in the **Main Menu**.
2. Enter: Old password*
   New password
   New password again for verification
3. Click [Change Password] to save new password.

* Contact the NIMH Records Coordinator, Heather Jordan (**update@ClinicalTrials.gov**), if the password is forgotten or lost.

Completing and Submitting the Trial for Approval:

1. If modifying an existing record, click [Modify] in the **Main Menu**, then click the [Edit] link to the left of the record you wish to complete.
2. Proceed to the **Edit Protocol** Screen.
3. PRS automatically checks the data for any errors or potential problems. There are three types of messages that may be displayed for fields in the record:

   ERROR: a problem has been found with the record that MUST be corrected. The record will not be released to *Clinicaltrials.gov* until the error is resolved.

   ALERT: a problem has been found with the record and it is recommended that it be corrected. The record can be released onto *ClinicalTrials.gov* with an "Alert" message.

   NOTE: a potential problem has been found that should be reviewed. The record can be released to *Clinicaltrials.gov* with a "Note" message.

4. After all available information has been entered into a record and there are no errors, the following steps should be taken:

   A. Type any comments in the text that you wish to have the NIMH Records Coordinator or Administrator read when viewing the record.

   B. Click [Complete] at the top of the screen (this will generate an email to the NIMH Records Coordinator).

   C. Click [OK] to save the status change or [Cancel] to retain the original status.

The NIMH Records Coordinator will then review the clinical trial record. If no changes are needed, the NIMH Administrator will approve the record and send it for posting on the *ClinicalTrials.gov* website.

NOTE: ***Appendix 3*** describes the fields and data elements in the *ClinicalTrials.gov* registry database, and provides NIMH-specific examples. The NIMH Records Coordinator and Administrator are always available via email or phone to answer any questions you may have.

Appendix 1: Sample Notification Letter to Principal Investigators

Dear NIMH Investigator,

I would like to introduce myself as the National Institute of Mental Health (NIMH) Administrator for *ClinicalTrials.gov*, an online registry developed and maintained by National Institutes of Health's (NIH's) National Library of Medicine (NLM). The website for this registry is located at **http://www.clinicaltrials.gov**.

You are receiving this letter because your NIMH-sponsored trial, "X", has been identified as appropriate for inclusion in *ClinicalTrials.gov*. The NIMH Clinical Trials Records Coordinator, Heather Jordan of Lockheed Martin Corporation, will assist you with your trial registration. Ms. Jordan can be reached at (301) 519–5350 or **update@clinicaltrials.gov**. Instructions for registering your trial are included at the end of this email, at the NIMH website for investigators (**http://www.nimh.nih.gov/studies/researchers.cfm**), and within the *ClinicalTrials.gov* Protocol Registration System (PRS).

While NIMH wishes to have all NIMH-sponsored clinical trials registered in *ClinicalTrials.gov*, please note that the International Committee of Medical Journal Editors (ICMJE), whose member journals include *Annals of Internal Medicine*, *Journal of the American Medical Association*, *Lancet*, and the *New England Journal of Medicine*, also requires registration of clinical trials in a public registry as a condition of consideration for publication. For more information about the ICMJE requirements, please see **http://www.icmje.org/clin_trial.pdf**. Federal law also requires registration of certain trials; for more information on Federal requirements, see **http://prsinfo.clinicaltrials.gov/fdama-113.html**.

Your complete and accurate *ClinicalTrials.gov* record will fulfill both ICMJE and Federal registration requirements. NIMH is also committed to providing information on its trials to the public, and we appreciate your cooperation with our efforts. Please contact Ms. Jordan or me with any questions regarding your trial registration.

Sincerely,

Jean Griffin Baum, NIMH *ClinicalTrials.gov* Administrator
Clinical Trials Operations and Biostatistics Unit
Division of Services and Intervention Research
National Institute of Mental Health, NIH
jbaum@mail.nih.gov

Heather J. Jordan
NIMH *ClinicalTrials.gov* Records Coordinator
National Library of Medicine's Clinical Information Services
Rockville, Maryland
update@clinicaltrials.gov
Phone: (301) 519-5350
Fax: (301) 519-5566

Entering Your Trial Information:

This account is ONLY for studies funded by NIMH. Please do not enter studies that are not funded by NIMH into this account.

Provide information about your trial by logging into *ClinicalTrials.gov*'s PRS and following these instructions:

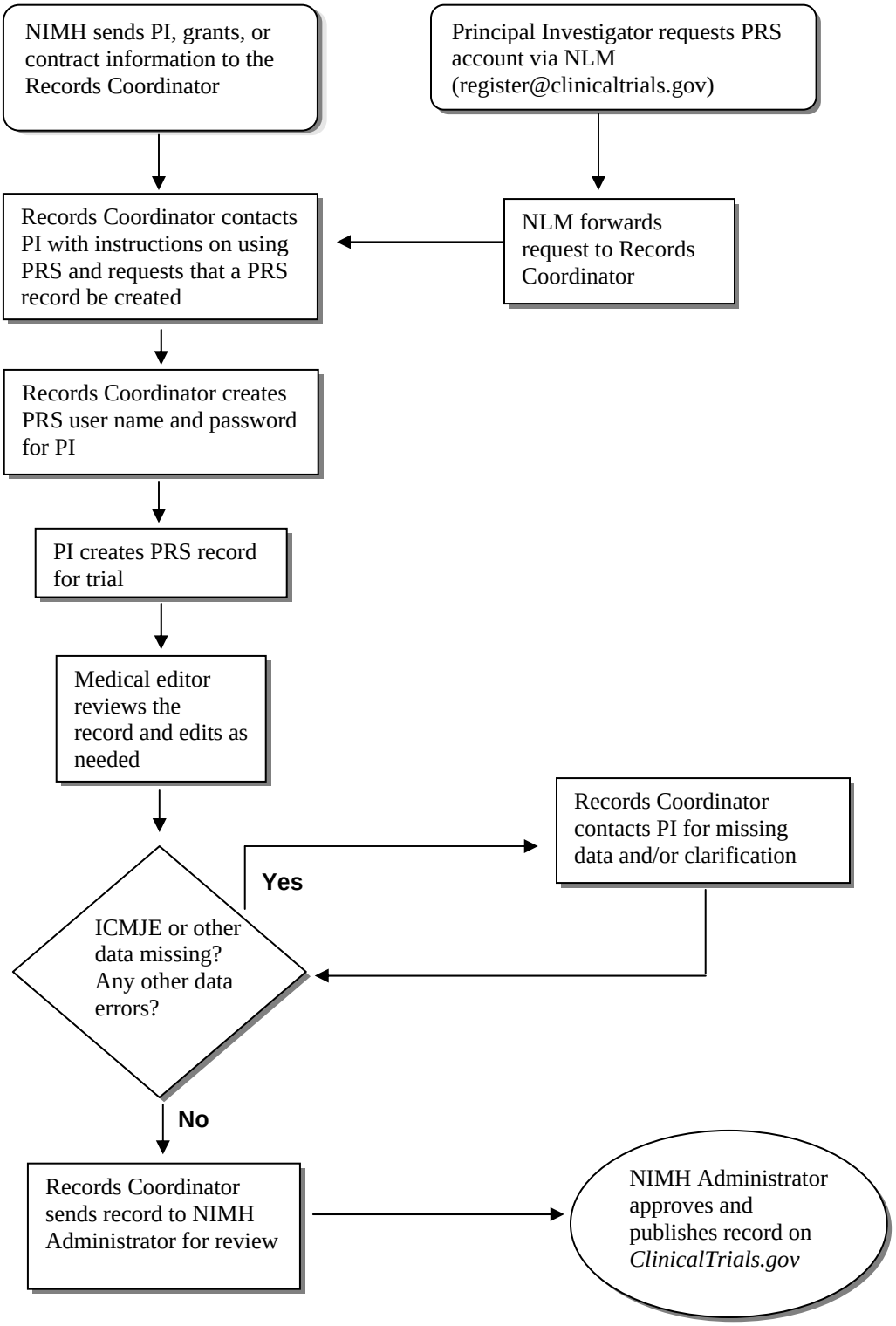
1. Visit this website: **https://register.clinicaltrials.gov/**
2. Log in with the following information:
   Organization: NIMH
   User Name: X
   Password: X
3. From the Main Menu screen, select Create.
4. Enter X as the Unique Protocol ID.
5. Enter a Brief (lay language) Title and select continue.
6. Provide as much information as possible in the available fields.
   - If you have an approval board, please include any information you have in the appropriate field.
   - Please make sure to indicate the date your study began or is projected to begin recruitment in the field labeled **Study Start Date**.
   - Include both a **Brief Summary** and **Detailed Description**. In your detailed description, please include the times you will hold study visits (weeks/months) and what will be measured at those visits. Please also provide information about follow-up visits, if you will hold any.
   - List both **Inclusion** and **Exclusion Criteria** in the eligibility criteria field.
   - Please list all study locations, if your study is multi-site, and each location's recruiting status.
7. You may exit the record at any time; each time you click "OK," the record is automatically saved. When you have completed the record, select Next Action: Complete.

Please complete all fields in the record, as this will help expedite the registration process.

For directions and further information, refer to the NIMH PRS Guidelines posted on the NIMH website **http://www.nimh.nih.gov/studies/researchers.cfm**.

Please send an email to **update@clinicaltrials.gov** once you have completed the record, so that it can be reviewed and released. After your record has been completed, you may be contacted if further information is required. Your record may be edited in order to maintain consistency in format and content across all NIMH records.

Appendix 2: Process for Registering Trials in *ClinicalTrials.gov*



Appendix 3: Data Element Definitions and Examples

The following information has been adapted from the NLM's online PRS User's Guide and is available in full in the *ClinicalTrials.gov* PRS Guidelines (**http://prsinfo.clinicaltrials.gov/definitions.html**).

I. Titles and Background Information

Organization's Unique Protocol ID

Definition: Unique identification assigned to the protocol by the sponsoring organization, which will be the NIMH grant, contract, or cooperative agreement number. Multiple studies conducted under the same grant or contract must each have a unique number. The grant/contract number should be formatted in the following manner:

For a grant funding only one study: R01 MH12345

For a grant number with a 4-digit serial number: **R01 MH01234**

If you are conducting multiple different protocols under one grant, you should differentiate between them by adding a hyphen after the serial number, followed by the year the study is being conducted (study support year). Each study should have a different year.

Examples: **R01 MH12345-01, R01 MH12345-02, R01 MH12345-03**

For a multi-site study, enter the grant/contract number for the main study site as the Unique Protocol ID. Grant/contract numbers from other sites should be listed as secondary IDs.

Secondary IDs

Definition: Other identification numbers assigned to the protocol, including any other applicable NIH grant numbers.

Example:

Study ID Numbers: R01 MH61686-05; R01 MH059542; R01 MH059552; R01 MH075131; R01 MH059541; R01 MH060912; DNBBS 7G-GRR

Please note: NIMH will add the applicable division name and program class code (PCC) to the record.

Brief Title

Definition: Protocol title intended for the lay public. Please either omit all acronyms or spell them out.

Official Title

Definition: Official name of the protocol provided by the study Principal Investigator (PI) or sponsor.

Examples:

1. ***Brief Title:*** Stimulant Versus Nonstimulant Medication for Attention Deficit Hyperactivity Disorder in Children
   Official Title: Measuring and Predicting Response to Atomoxetine and Methylphenidate
2. ***Brief Title:*** Behavioral Treatments for Acute Stress Disorder In Firefighters
   Official Title: Developing Group Treatments for Acute Stress Disorder

3. ***Brief Title:*** Characteristics of Sleep Patterns in Young Adults With and Without Insomnia
   Official Title: Psychobiology and Treatment Response in Primary Insomnia
4. ***Brief Title:*** Treatment of Mania Symptoms With Drug Therapy
   Official Title: Divalproex Extended Release and Placebo, Lithium, or Quetiapine for Mania
5. ***Brief Title:*** The Genetic Basis of Inherited Neurologic Deficits in People With Schizophrenia
   Official Title: The Genetics of Endophenotypes and Schizophrenia
6. ***Brief Title:*** Memantine Treatment for Improving Rehabilitation Outcomes and Preventing Depression in Older Adults
   Official Title: Memantine for Enhancement of Rehabilitation Efficacy and Prevention of Major Depressive Disorder in Older Adults

II. Investigational New Drug Application (IND)/Investigational Device Exemption (IDE) Information

Investigational New Drug Application (IND)/Investigational Device Exemption (IDE) Information: Complete the following only if the protocol involves an IND or IDE under U.S. Food and Drug Administration (FDA) regulations. (*Will not be made public; for administrative purposes only.*) For more details on this data element, please refer to the PRS *ClinicalTrials.gov* registry online Data Element Definitions in the HELP function.

III. Human Subjects Review

Submitted studies must have approval from a human subjects review board, such as an Institutional Review Board (IRB), ethics committee, or equivalent group that is responsible for reviewing and monitoring human subjects in this protocol.

Review board information is not required for trials associated with U.S. FDA IND or IDE applications.

Review board information is required for internal administrative use and is not revealed to the public. For more details on this data element, please refer to the PRS *ClinicalTrials.gov* User's Guide online Data Element Definitions in the HELP function.

Oversight authority information is displayed on ClinicalTrials.gov.

Oversight Authorities
Definition: The name of each national or international health organization with authority over the protocol. Use the following format for each authority:

Country: Organization Name

Example:
United States: Food and Drug Administration
Germany: Federal Institute for Drugs and Medical Devices
Australia: Therapeutic Goods Administration

IV. Sponsors

Sponsor
Definition: Name of sponsoring organization that takes responsibility for and initiates a clinical investigation.

Example: **National Institute of Mental Health**

Collaborators
Definition: Full names of all organizations co-sponsoring and/or providing financial support for the protocol. The data provider is responsible for confirming all collaborators before listing them. Provide up to 10 full names of collaborating organizations

Example: **Sponsor: National Institute of Mental Health (NIMH)**
Collaborators: The University of Texas Health Science Center, Houston

V. Study Description

Brief Summary
Definition: Short description of the primary purpose of the protocol intended for the lay public.

Example 1: **A Behavioral Intervention**
This study will determine the effectiveness of a group-based behavioral program for weight reduction in overweight and obese people with schizophrenia.

Example 2: **A Drug Intervention**
This study will compare two different antidepressant treatment regimens to determine which is more effective in reducing symptoms of bipolar depression.

Example 3: **An Observational Study**
This study will identify specific genes that may cause a predisposition to depression in some families.

Detailed Description

Definition: Extended description of the protocol, including information not already contained in other fields. Generally, the description should contain two paragraphs. The first paragraph should include the rationale for the study, and the second paragraph should outline the methodology as well as the duration of the study.

Here are some examples:

Example 1: **A Behavioral Intervention**
Somatization disorder is a chronic psychological condition that causes numerous physical complaints for which no underlying physical problem can be identified. The disorder often lasts for several years and results in substantial functional impairment. The physical complaints most frequently involve chronic pain and problems with the digestive, nervous, and reproductive systems. Neither pharmacological nor psychosocial treatments for this disorder have been successful in suppressing symptoms. Cognitive behavioral therapy (CBT) is a treatment that focuses on maladaptive patterns of thinking and the beliefs that underlie such thinking. This study will examine the long-term effects of CBT on the physical symptoms, functioning, and health care utilization of people with somatization disorder.

Participants in this open label study will be randomly assigned to receive either CBT supplemented with augmented standard medical care (ASMC) as indicated by a psychiatric consultation letter or ASMC alone. Participants assigned to CBT plus ASMC

will receive CBT for 10 weeks. Somatic symptomatology, functional impairment, and health care costs will be assessed at study visits at baseline and Months 3, 9, and 15. The visits at Months 9 and 15 will assess specifically the long-term efficacy of the treatment.

Example 2: **A Drug Intervention**
Generalized social anxiety disorder (GSAD) is one of the most common psychiatric disorders, and often causes significant distress and dysfunction in affected individuals. Although currently available treatments for GSAD are effective, most individuals have residual symptoms after initial psychosocial or psychopharmacologic intervention. Further treatment is necessary for such individuals, but sufficient research has not been done to guide clinicians on what the safest and most effective next step may be. This study will compare the effectiveness of either combining clonazepam or placebo with sertraline or completely switching to venlafaxine in treating GSAD in individuals who have not responded to treatment with sertraline. This study will also examine predictors of treatment response, including factors such as age at disease onset, duration of illness, comorbidities, and genes that influence serotonin and catecholamine metabolism.

Participants in this double-blind study will first partake in an initial 10-week phase in which they will be treated with sertraline. Participants who do not respond to sertraline treatment will proceed to phase two of the study, in which they will be randomly assigned to one of three treatment groups. One group will receive both sertraline and clonazepam, another group will receive both sertraline and placebo, and the third group will receive only venlafaxine. All treatments will continue for 12 weeks. Sertraline and venlafaxine are both FDA-approved for the treatment of GSAD. Clonazepam is widely used for the treatment of anxiety, but is not FDA-approved for the treatment of GSAD. All participants will attend weekly study visits at Weeks 1, 2, 4, 6, 8, and 10. Participants who continue into phase two will attend weekly study visits at Weeks 11 – 14, 16, 18, 20, and 22. Symptom remission rates and post-treatment social phobia severity will be assessed at Week 20.

Example 3: **An Observational Study**
Bipolar disorder (BPD), also known as manic-depressive illness, is a disorder that causes frequent shifts in an individual's mood, energy, and ability to function. An individual with BPD may go through periods of mania, which are characterized by increased energy, irritability, and an excessively "high" euphoric mood. The manic periods are followed by periods of depression, which are characterized by decreased energy, feelings of hopelessness, and anxiety. BPD is a persistent and severe mental illness with a high suicide rate; it must be strictly managed through medication and therapy. Many BPD medications have been developed recently; however, there are still many individuals who do not respond well to medication treatment. Research has shown that the way individuals experience illness has an effect on their response to medication. The purpose of this study is to gain insight into how individuals with BPD perceive and respond to medication treatment. Factors such as gender, degree of social support, drug and alcohol usage, and attitudes toward medication will be evaluated to understand how they affect medication and treatment adherence.

This 6-month study will consist of 3 interviews. Each interview will last approximately 2 and ½ hours and will include numerous standardized psychological questionnaires. The questionnaires will assess participants' attitudes toward BPD treatment; psychiatric illness severity, including symptoms of mania and depression; level of addiction to alcohol and drugs; availability of social support resources; and medication adherence.

VI. Status

Study Phase

Definition: Phase of investigation. Select only one.

Phase 1: includes initial studies to determine the metabolism and pharmacologic actions of drugs in humans, the side effects associated with increasing doses, and to gain early evidence of effectiveness; may include healthy participants and/or patients

Phase 1/Phase 2: for trials that are a combination of phases 1 and 2

Phase 2: includes controlled clinical studies conducted to evaluate the effectiveness of the drug for a particular indication or indications in patients with the disease or condition under study and to determine the common short-term side effects and risks

Phase 2/Phase 3: for trials that are a combination of phases 2 and 3

Phase 3: includes expanded controlled and uncontrolled trials after preliminary evidence suggesting effectiveness of the drug has been obtained, and are intended to gather additional information to evaluate the overall benefit-risk relationship of the drug and provide an adequate basis for physician labeling

Phase 4: post-marketing studies to delineate additional information including the drug's risks, benefits, and optimal use

N/A: or trials without phases, such as expanded access trials or registries. Used rarely.

Study Type

Definition: Nature of the investigation. Select one.

- Interventional: studies in human beings in which individuals are assigned to receive specific interventions. Subjects may receive diagnostic, therapeutic, or other types of interventions. The assignment of the intervention may or may not be random. The individuals are then followed and biomedical and/or health outcomes are assessed.
- Observational: studies in human beings in which biomedical and/or health outcomes are assessed in a predefined group of individuals. Subjects in the study may receive diagnostic, therapeutic, or other interventions, but the investigator does not assign specific interventions to the subjects of the study.

Overall Recruitment Status

Definition: Overall protocol accrual activity for the protocol. Select one.

- Not yet recruiting: participants are not yet being recruited or enrolled.
- Recruiting: participants are currently being recruited and enrolled.
- No longer recruiting: participants are no longer being recruited or enrolled.
- Completed: participants are no longer being recruited; data analysis is complete.
- Suspended: recruiting or enrolling participants has halted but potentially will resume.
- Terminated: recruiting or enrolling participants has halted and will not resume.

Record Verification Date

Definition: Date the protocol information, including recruiting status, was last verified, whether changes were made or not.

Study Start Date

Definition: Date that enrollment to the protocol begins.

Last Follow-Up Date

Definition: Date that follow-up with all study participants is complete.

Data Entry Closure Date
Definition: Date that data submission for the study is complete.

Study Completion Date
Definition: Expected or actual date that analysis is concluded for the protocol.

VII. Study Design

Study Type (Interventional)
Definition: Primary investigative techniques used in the protocol. Select the most appropriate term describing the protocol from each of the six categories: Purpose, Allocation, Masking, Control, Assignment, and Endpoint.

Purpose—reason for the protocol
- Treatment: protocol designed to evaluate one or more interventions for treating a disease, syndrome, or condition.
- Prevention: protocol designed to assess one or more interventions aimed at preventing the development of a specific disease or health condition.
- Diagnosis: protocol designed to evaluate one or more interventions aimed at identifying a disease or health condition.
- Educational/Counseling/Training: protocol designed to assess one or more interventions in an educational, counseling, or training environment.

Allocation—participant selection
- Randomized Controlled Trial: participants are assigned to intervention groups by chance.
- Nonrandomized Trial: participants are expressly assigned to intervention groups.

Masking—knowledge of intervention assignments
- Open: no masking is used. All involved know the identity of the intervention assignment.
- Single Blind: participants are unaware of the intervention assignment; investigators are aware.
- Double Blind: both participants and investigators are unaware of the intervention assignment.

Control—nature of the intervention control
- Placebo: participants may receive only placebo throughout the course of the protocol.
- Active: participants may receive some form of treatment (e.g., standard treatment) in place of the intervention under investigation.
- Uncontrolled: no controls are used.
- Historical: the control consists of results from past studies.
- Dose Comparison: participants may receive one of several doses of the intervention.

Assignment—intervention assignments
- Single Group: all participants receive the same intervention throughout the protocol.
- Parallel: participants receive an intervention throughout the protocol.
- Cross-over: participants may receive different interventions sequentially during the protocol.
- Factorial: participants may receive no intervention, some intervention, or multiple interventions simultaneously.
- Expanded Access: includes treatment IND protocols.

Endpoint—overall outcome that the protocol is designed to evaluate. Select one.

- Safety: show if the drug is safe under conditions of proposed use.
- Efficacy: measure of an intervention's influence on a disease or health condition.
- Safety/Efficacy (as described above).
- Bio-equivalence: scientific basis for comparing generic and brand name drugs.
- Bio-availability: rate and extent to which a drug is absorbed or otherwise available to the treatment site in the body.
- Pharmacokinetics: the action of a drug in the body over a period of time including the process of absorption, distribution and localization in tissue, biotransformation, and excretion of the compound.
- Pharmacodynamics: action of drugs in living systems.
- Pharmacokinetics/dynamics (as described above).

Outcomes—specific measurements or observations used to measure the effect of experimental variables in a study

- **Primary Outcomes**
  Definition: The specific measure that will be used to determine the effect of the intervention(s). The description should include the time at which the measure will be taken.
  Examples: Effectiveness of olanzapine, as measured by the Children's Psychiatric Rating Scale
- **Secondary Outcomes**
  Definition: Other measures that will be used to evaluate the intervention(s), and that are specified in the protocol. The description should include the time at which the measures will be taken.
  Examples: Aberrant Behavior Checklist; Clinical Global Impressions
- **Study Type (Observational)**
  Definition: Primary investigative techniques used in an observational protocol. Select the most appropriate term describing the protocol from each of the four categories: Purpose, Duration, Selection, and Timing.

Purpose—reason for the protocol

- Natural History: protocol designed to investigate a disease or condition through observation under natural conditions (i.e., without intervention).
- Screening: protocol designed to assess or examine persons or groups in a systematic way to identify specific markers or characteristics (e.g., for eligibility for further evaluation).
- Psychosocial: protocol designed to observe the psychosocial impact of natural events.

Duration—length of protocol

- Longitudinal: studies in which participants are evaluated over long periods of time, typically months or years.
- Cross-sectional: studies in which participants are evaluated over short periods of time, typically up to 10 weeks.

Selection—sample selection

- Convenience Sample: participants or populations are selected due to ease of recruitment.
- Defined Population: participants or populations are selected based on predefined criteria.
- Random Sample: participants or populations are selected by chance.

- Case Control: participants or populations are selected to match the control participants or populations in all relevant factors except for the disease; only the case participants or populations have the disease.

Timing—time of protocol
- Retrospective: a protocol that observes events in the past.
- Prospective: a protocol that observes events in real time (may occur in the future).
- Both: a protocol that combines retrospective and prospective observation.

VIII. Interventions

Definition: Primary interventions being studied. Provide specific name and type for each intervention (up to 10 items).

Intervention Type—select one per intervention
- Drug (citalopram)
- Gene Transfer—*including gene transfer and recombinant DNA* (e.g., human nerve growth factor)
- Vaccine
- Behavior (e.g., family-based treatment and individual ego-oriented treatment)
- Device (e.g., defibrillators, implantable; electronic medication reminder system)
- Procedure (e.g., adenoidectomy; bronchoalveolar lavage)

Intervention Name—generic name of the precise intervention being studied

Examples: Fluoxetine (drug)
Cognitive behavior therapy (behavior)

IX. Conditions and Keywords

Conditions

Definition: Primary diseases or conditions being studied, using the National Library of Medicine's Medical Subject Headings (MeSH) controlled vocabulary. The conditions are used to index studies in *ClinicalTrials.gov*. Select up to five disease or condition terms.

Examples: Anxiety
Panic Disorder
Post-Traumatic Stress Disorder
Bipolar Disorder
Depression

Keywords

Definition: Words or phrases that best describe the protocol. Keywords help users find studies in the database. Use NLM's MeSH controlled vocabulary terms where appropriate. Be as specific and precise as possible. If you want to include any acronyms or abbreviations in your study record, please put them in this section.

Examples: TADS
GAD
Major Depressive Disorder
MDD

X. Eligibility

Eligibility Criteria

Definition: Summary criteria for participant selection.

Example:

Inclusion Criteria:

- Clinical diagnosis of bipolar I disorder.
- Must be able to swallow tablets.

Exclusion Criteria:

- Sensory or motor deficits sufficient to interfere with testing (e.g., blindness, severe cerebral palsy).
- Serious neurological disorders (e.g., epilepsy, stroke).

Gender

Definition: Physical gender of individuals who may participate in the protocol. Select one.

- Both: both female and male participants are being studied.
- Female: only female participants are being studied.
- Male: only male participants are being studied.

Age Limits

- **Minimum Age**
  Definition: Minimum age of participants. Provide a number and select a unit of time (years, months, weeks, days, hours, or minutes). Select "N/A (No limit)" if no minimum age is indicated.
- **Maximum Age**
  Definition: Maximum age of participants. Provide a number and a unit of time (years, months, weeks, days, hours, or minutes). Select "N/A (No limit)" if no maximum age is indicated.

Acceptable Participants

Accepts Healthy Volunteers?

Definition: Indicate if persons who have not had the condition(s) being studied or otherwise related conditions or symptoms, as specified in the eligibility requirements, may participate in the study. Select Yes/No.

Target Number of Subjects

Definition: Estimated number of participants to be studied.

XI. Protocol Location, Contact and Investigator Information

Multiple locations may be specified. Location is composed of the following fields.

Facility

- Name: Full name of the organization where the protocol is being conducted.
  Examples: University of Texas Southwestern Medical Center, Dallas; Massachusetts General Hospital, Behavioral Health Associates, Inc.
- City
- State/Province
- Postal Code

- Country

Note and exception for *Internet-Based* studies, use "**Maryland**":
Internet-Based, accessible from anywhere, Bethesda, Maryland, 20892, United States; Recruiting

Recruitment Status—protocol accrual activity at a facility. Select one.

- Not yet recruiting: participants are not yet being recruited or enrolled.
- Recruiting: participants are currently being recruited and enrolled.
- No longer recruiting: participants are no longer being recruited or enrolled.
- Completed: participants are no longer being recruited; data analysis is complete.
- Suspended: recruiting or enrolling participants has halted but potentially will resume.
- Terminated: recruiting or enrolling participants has halted and will not resume.

Tip: When a trial's overall status changes to "No longer recruiting," it is not necessary to change recruitment status for each location. Location recruitment status is only shown on *ClinicalTrials.gov* when overall status is "Recruiting."

Facility Contact

- First Name
- Middle Initial
- Last Name
- Degree
- Phone: office phone of the facility contact person. Use the format 123-456-7890 within the United States and Canada. Otherwise, provide the country code.
- Ext: phone extension, if needed
- E-mail: electronic mail address of the facility contact person

Facility Contact Backup

Definition: Person to contact if Facility Contact is not available (i.e., a second contact person).

Investigators (at the protocol location)

- First Name
- Middle Initial
- Last Name
- Degrees
- Role: Site Principal Investigator or Site Sub-Investigator (pick one)

Central Contact

Definition: Person providing centralized, coordinated recruitment information for the entire study.

- First Name
- Middle Initial
- Last Name
- Degree
- Phone: Office phone of the central contact person. Use the format 123-456-7890 within the United States and Canada. Otherwise, provide the country code.
- Ext: phone extension, if needed
- Email: electronic mail address of the central contact person

Central Contact Backup
Person to contact if Central Contact is not available.

Overall Study Officials
Study official information is not required for trials associated with U.S. FDA IND or IDE applications.
Definition: Person(s) responsible for the overall scientific leadership of the protocol, including study PI.

- First Name
- Middle Initial
- Last Name
- Degree
- Official's Role: Position or function of the official. Select one (Study Chair/Study Director/Study Principal Investigator).
- Organizational Affiliation: Full name of the official's organization. If none, specify Unaffiliated.

XII. Related Information

References
Definition: Citations to publications related to the protocol: background and/or results. Provide either the unique PubMed Identifier (PMID) of an article or enter the full bibliographic citation.

MEDLINE Identifier
Definition: Unique PMID for the citation in MEDLINE.
Example: PMID: 10987815

Citation
Definition: Bibliographic reference in NLM's MEDLINE format.

Example: Wisniewski SR, Eng H, Meloro L, Gatt R, Ritz L, Stegman D, Trivedi M, Biggs MM, Friedman E, Shores-Wilson K, Warden D, Bartolowits D, Martin JP, Rush AJ. Web-based communications and management of a multi-center clinical trial: the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) project. Clin Trials. 2004;1(4):387-98.

Results Reference
Definition: Indicate if the reference provided reports on results from this clinical research study.

Links
Definition: A website directly relevant to the protocol may be entered, if desired. Do not include sites whose primary goal is to advertise or sell commercial products or services.
Links to educational, research, government, and other nonprofit Web pages are acceptable. All submitted links are subject to review by ClinicalTrials.gov.

URL
Definition: complete URL, including http://.

Example: **http://www.star-d.org/**

Description

Definition: Title or brief description of the linked page. If the page being linked is the protocol's home page on the sponsor's website, include the words "Click here for more information about this study:" and provide the name of the protocol.

Example:
Click here for more information about this study: **Sequenced Treatment Alternatives to Relieve Depression (STAR*D)**

Examples of NIMH study records in *ClinicalTrials.gov*.
http://www.clinicaltrials.gov/show/NCT00255905
http://www.clinicaltrials.gov/ct/show/NCT00260182
http://www.clinicaltrials.gov/ct/show/NCT00149799
http://www.clinicaltrials.gov/ct/show/NCT00203788
http://www.clinicaltrials.gov/ct/show/NCT00149760?order=2
http://www.clinicaltrials.gov/ct/show/NCT00304174

Extra Resources for Investigators:

- Information for NIMH investigators conducting studies: **http://www.nimh.nih.gov/studies/researchers.cfm**
- About *ClinicalTrials.gov*: **http://www.clinicaltrials.gov/ct/info/about**
- *ClinicalTrials.gov* FAQs: **http://www.nlm.nih.gov/services/faqctgov.html**
- ICMJE initiative: **http://prsinfo.clinicaltrials.gov/icmje.html**
- Policy on Enhancing Public Access to Archived Publications Resulting from NIH–Funded Research: **http://publicaccess.nih.gov/**
- Center for Drug Evaluation and Research (CDER) Guidelines: **http://www.fda.gov/cder/guidance/4856fnl.htm**